

Supplementary table 1: Clinical pathology, type of surgery and causes of death

Major categories of death	Age	Gender	Pathology	Urgency of surgical procedure	Surgical procedure	Cause of death	Time of death (in days) postoperative	30 day in – hospital perioperative mortality, n (%) of 17	Mortality/ 10,000 procedures
Preoperative conditions	24 d	Female	^a Esophageal atresia + distal tracheo – esophageal fistula +VSD	Emergency	Cervical esophagostomy + gastrostomy + esophageal banding	Sepsis	7	15 (88.2)	283.02
	1h	Male	Esophageal atresia + distal tracheo – esophageal fistula +VSD	Emergency	Cervical esophagostomy + gastrostomy + esophageal banding	Intraventricular hemorrhage	1	1	
	7 d	Female	^a Malrotation + Type 3A jejunal atresia	Emergency	Ladd’s procedure + jejunal resection + jejunojejunostomy	Sepsis + DIC	7	1	
	4 d	Male	^a Type 3A jejunoileal atresia	Emergency	jejunal resection + jejunojejunostomy	Sepsis	24	1	
	15h	Male	^a Gastroschisis	Emergency	Laparotomy + improvised silo	Sepsis (bronchopneumonia)	2	1	
	10h	Female	^a Gastroschisis	Emergency	Laparotomy + improvised silo	Sepsis	12	1	
	7 d	Female	Biliary atresia	Elective	Kasai Roux-en-Y portoenterostomy	Sepsis	29	1	
	1 d	Male	^a Necrotizing enterocolitis	Emergency	Laparotomy + multiple bowel resection + anastomosis	Sepsis	15	1	
	7 d	Male	^a Necrotizing enterocolitis	Emergency	Laparotomy + multiple bowel resection + anastomosis	Sepsis	1	1	
	5 y	Male	Gastroduodenal perforation secondary to NSAID + herbal concoction	Emergency	Laparotomy + duodenal repair and omental reinforcement	Sepsis	6	1	
	6 mon	Female	Hydrocephalus (expanding)	Emergency	Ventriculoperitoneal shunt	Sepsis (shunt tract infection)	25	1	
	5 mon	Male	Hydrocephalus + intra-abdominal sepsis secondary to V-P shunt	Emergency	Laparotomy + drainage of abscess + shunt removal	Sepsis	1	1	
	4 y	Female	Posterior cranial fossa tumor + restrictive hydrocephalus	Elective	Craniotomy + gross tumor excision	Sepsis	20	1	
	17 mon	Male	ASD + Pulmonary stenosis	Elective	Atrial septa closure + pulmonary valvuloplasty	Pulmonary edema	1	1	
3 mon	Male	DORV + Pulmonary stenosis	Elective	Blalock Tausig shunt	Sepsis (pneumonia)	1	1		

Supplementary table 1: Clinical pathology, type of surgery and causes of death (contd.)

Surgery-related 30 day in-hospital perioperative mortality	19 d	Female	Esophageal atresia + distal tracheo – esophageal fistula +VSD	Emergency	Cervical esophagostomy + gastrostomy + esophageal banding	Sepsis + aspiration pneumonitis	7	1 (5.9)	18.87
Anesthesia-related 30 day in-hospital perioperative mortality	12 mon	Male	Congenital diaphragmatic hernia + VSD		Laparotomy + diaphragmatic repair	Intra – operative cardiac arrest	1	1 (5.9)	18.87
Preoperative trauma	-	-	-	-	-	-	-	-	-

^aPrematurity + low birth weight.

DIC, Disseminated intravascular coagulopathy; ASD, Atrial septa defect; DORV, double outlet right ventricle.